

STATE PROJECT NO. : _____
F.A.P. NO. : _____
HIGHWAY : _____
ROUTE : _____
PARISH : _____

REPLACEMENT HOUSING PAYMENT CLAIM

PARCEL NO. _____ TELEPHONE (new) _____
CLAIMANT _____
ADDRESS (old) _____ (new) _____

1.QUALIFYING INFORMATION (Complete as appropriate)

- A. Acquired Property

1. Date occupied

2. Date of Initiation of Negotiations

3. Property acquired by :
Negotiated settlement _____ Expropriation _____ Amount _____

4. Valuation of property for computations

5. Actual / economic rent / mo.

6. Monthly gross income
- B. Comparable Property

1. Option: Purchase _____ Rent _____ Down Payment _____

2. Purchase Price _____ Mo. Rental _____

3. Amount of Offer _____
- C. Replacement Property

1. Date Occupied

2. Option: Purchase _____ Rent _____ Down Payment _____ Retain _____

3. Purchase Price _____ Monthly Rental _____

II. PAYMENT COMPUTATIONS

- A. Purchase Supplement

1. Actual cost of Replacement (line I.C.3) \$0.00

2. Value of subject (line 1.A.4) \$0.00

3. Supplement (1 minus 2 but not to exceed line 1.B.3 above) \$0.00

4. Incidentals (attach closing statement)

5. Interest Payment

6. Total Payment (lines 3+4+5) \$0.00
- B. Rent Supplement 90-Day Occupants

1. Replace rent + utilities

2. Comp. Rent +utilities

3. Displace rent + util.

4. _____ x 30% \$0.00
(average mo. Income

5. _____ - _____
(lesser 1&2) (lesser 3&4)

6. Payment: line 5 X 42 \$0.00

7. Other Expenses

8. Total: Lines 6+7 \$0.00
- C. Rent Supplement to less than 90-day Occupants

1. Actual rent + utilities

2. Comp. Rent + utilities

3. Lesser of 1 & 2

4. _____ x 30% \$0.00

5. If line 4 is less than 3, subtract 4 from 3

6. Payment: Line 5 X 42 \$0.00
- D. Down Payment Supplement

1. Actual Down Payment (attach closing statement)

2. Eligible Incidentals

3. Line 1 + line 2 \$0.00

4. Maximum Allowable Supplement

5. Payment: Lesser of Line 3 & 4

* 90-Day Tenant, Non-LR: \$5.25
90 Day Tenant, LR: Rent Offer
90-Day Owner, LR: Lower of
a.\$5,250
b. Rent offe
c.Amount of RHP offer if 180-day owner

90-Day Owner, Non-LR: Lower of
a. rent offer
b. amount of RHP offer if 180-day owner

III. TOTAL AMOUNT OF THIS CLAIM \$0.00
Less Previous payments
(complete check data)
AMOUNT DUE \$0.00

CHECK #	CHECK DATE	AMOUNT	CHECK #	CHECK DATE	AMOUNT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

IV. CERTIFICATION:
Claimant hereby certifies that he or she is either a citizen or national of the United States, or an alien who is lawfully present in the United States and that the information contained and submitted herein is, to the best of my knowledge true and correct, that my replacement dwelling meets Decent, Safe and Sanitary standards, and that I am eligible for the payment shown in Item III.

V. OWNER AGREEMENT:

In the event the valuation for the referenced parcels shown in Item I-A-4 is litigated, I agree that the amount of the replacement housing payment shall be recalculated, using the final award as the basis for the valuation in Item I-A-4, and any over payment shown to have been made as a result of such recalculation shall be refunded to the Department.

CLAIMANT

DATE

CLAIMANT

DATE

RECOMMENDED FOR APPROVAL / DISAPPROVAL:

R/E Agent

DATE

R/E Dist. Mgr/Project Manager

DATE